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ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

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1990
ANNUAL REPORT

of

THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

Submitted to

THE HONOURABLE NANCY J. BETKOWSKI
Minister of Health

MEMBERS OF THE COMMITTEE 1990

John Drobot, M.L.A.
Chairman

Mollie Warring
Vice-Chairman

Charlotte Annable

Sam Dymianiw

Marsha Graham

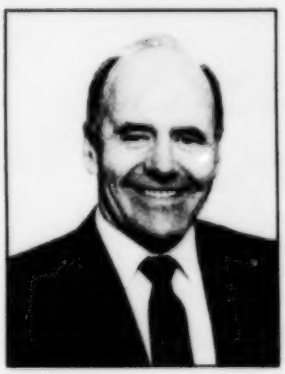
Dr. William Keir

Eunice Maris

Carolyn Mick

Abe Remtulla

Sheila Stilling



Tom Thurber, M.L.A.

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Executive Assistant:	Amelia Griffin	Edmonton
Secretary:	Margaret Dalton	Edmonton

Alberta
HEALTH FACILITIES REVIEW COMMITTEE

2nd Floor, Pacific Plaza, 10909 Jasper Avenue, Edmonton, Alberta, Canada T5J 3M9 403/427-4924

18 March 1991

The Honourable Nancy Betkowski
Minister of Health
Room 323, Legislature Building
EDMONTON, Alberta

Dear Mrs. Betkowski:

I have the honour to present the Annual Report of the Alberta Health Facilities Review Committee, summarizing the activities of the Committee for the year ending 31 December 1990.

Respectfully submitted,

John Drobot

John Drobot, M.L.A.
Chairman

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MISSION STATEMENT

The mission of the Alberta Health Facilities Review Committee is to ensure that quality care, treatment and standards of accommodation are maintained in health care facilities and lodges across Alberta.

The Committee will provide the people of Alberta with a group of citizens to whom they may address their concerns relating to the care, treatment and standards of accommodation at a health care facility or lodge in the province.

The Health Facilities Review Committee acknowledges the importance of preserving the dignity and confidentiality of those individuals within the facilities the Committee visits.

The resources of the Committee are dedicated to ensuring that these values prevail in the delivery of care across the province of Alberta.

HISTORY OF ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

The Alberta Health Facilities Review Committee is made up of twelve citizens from various centres in the Province. Members are appointed by Ministerial Order for terms ranging from one to three years, and are of varying ages and backgrounds. All members serve on the Committee on a part time basis, and are not employees of the Government.

The Committee has a mandate to visit health care facilities throughout the Province for the purpose of reviewing and inspecting them, and observing the manner in which they are operated. Institutions included are General Hospitals, Auxiliary Hospitals, Nursing Homes, Mental Health Facilities and Senior Citizens Lodges. Included in the mandate is the responsibility for receiving and investigating complaints about health care facilities.

All health care facilities are visited by Committee members on a regular basis. Visits to institutions are unannounced. They are planned monthly and are authorized by resolution of the Committee.

The visiting team reports on such areas as care, atmosphere, comfort, food, activities and programs, community involvement, patient morale, staff morale and general attitudes, and physical facilities. Members prefer to conduct the visits unaccompanied by staff members of the facility. Particular attention is given to discussions with patients, residents, and staff on a one-to-one basis. The Committee sees its role as that of considering the institution from a patient's or resident's point of view. For example: Does this hospital provide the kind of care I would look for if I were sick? Is this a hospital where I would confidently bring my sick child? Does this nursing home provide the comfort I would wish for my parent? All comments received are brought to the attention of the administration.

Complaints take precedence over routine visits and are investigated as soon as possible. Members authorized to do so by resolution of the Committee, investigate each complaint thoroughly and make a full report. If regulations have been violated or if a complaint on another matter is justified, it is brought to the attention of the administration and the Board of the institution with recommendations for the correction of the problem. The Committee has found Boards and administration responsive to making corrections where necessary, but if the recommendations of the Committee are ignored or not put into effect within a reasonable period of time, the matter is referred to the Minister of Health.

People having concerns are encouraged to discuss them with the nursing supervisor, administrator, trustees or other officials of the facility; then if they are still not satisfied that the problem has been resolved, to write to the Committee.

All complaints are handled confidentially.

ACKNOWLEDGEMENTS

Mrs. Amelia Griffin, Executive Assistant to the Health Facilities Review Committee, has made plans to retire, effective March 31, 1991.

Mrs. Griffin has been committed to supporting the mandate of the Committee since its inception in 1972.

Committee members recognize and appreciate Mrs. Griffin's invaluable assistance and contribution over the past 19 years. Her experience, professionalism, integrity and sincerity will be greatly missed.

PAST MEMBERS:

The term of Mrs. Carol Losie ended in August 1990. The Committee appreciated her dedication, knowledge and expertise, and acknowledges her valuable contribution to the improvement of health care in the Province of Alberta.

NEW MEMBERS:

The Committee welcomes Dr. William Keir who was appointed a member in September, 1990.

LODGE SURVEY

In 1985, the Health Facilities Review Committee conducted a survey dealing specifically with the Senior Citizens' Lodges. This survey was entitled, "The Senior Citizens' Lodge - Original Concept versus Present Reality".

In 1990, it was decided that a follow-up survey be conducted to identify any changing trends in the age, sex and health status of Lodge residents. With the invaluable assistance of Dr. George Parakulam PhD, Manager, Community Health Statistics, a survey questionaire was designed and distributed to all Senior Citizens' Lodges in Alberta.

The Health Facilities Review Committee was pleased with the overall response to the survey. Of the 139 Senior Citizens' Lodges in the Province, 129 returned the questionaire. Of these, 117 were completed.

The Committee feels confident that the information received will provide useful data regarding trends in our growing elderly population.

The Health Facilities Review Committee wishes to thank the Honourable Raymond Speaker, Minister of Municipal Affairs and Responsible for Housing, for his assistance and support of the survey. The Committee wishes to thank the Lodge Foundation Board Members and Management for their cooperation and participation.

The complete survey and conclusions will be published under separate cover in 1991.

DID YOU KNOW?

1. On an average, a visit to the Emergency Department costs the health care system over $100 which is five times more than the cost of a visit to a Physician's Office. In Alberta, 70% of visits to hospital emergency departments could be handled in a physician's office.
2. The incidence of tuberculosis in Alberta is significant and there has been a recent increase.
3. Alcohol is still the most widely used drug in Canada. Approximately, 8 out of 10 adult Canadians are current drinkers consuming an average of 3.7 drinks per week.
4. Sleeping pill use increases with age and is most prevalent among those 65 years and older where reported use is three times that of the general population.
5. 80% of swallowing problems in long term care residents are related to seating and/or positioning.
6. Introverts are more sensitive to pain than extroverts.
7. Paper accounts for 64% of hospital garbage; in most hospitals it is incinerated and only 3% is recycled.
8. Caregivers should be good to themselves. You can not give what you do not have.
9. The apparent increase in the annual death rate from Alzheimer's disease can be attributed to the doctor's heightened awareness and more frequent diagnosis.
10. All behavior has meaning.
11. Pain is not an inevitable part of aging; its presence should be investigated.
12. In Alberta, though constituting only 8% of the population, seniors account for approximately 40% of the total health care budget.
13. Strong-willed long term care residents who insist on doing everything their own way, reject all help from staff and deny having physical limitations, may actually be more prone to falling.
14. An ethic of caring takes guts and courage and self-sacrifice, but not beyond one's recognition of need for self-restoration. Because if we sacrifice ourself beyond repair, who will do the caring?
15. In today's strained world among tomorrow's strange machines, people more than ever need to be touched, restored, renewed, revived and redeemed.

CARE OF THE ELDERLY IN ACUTE CARE

Over the past decade, the Alberta Health Facilities Review Committee has observed a variety of positive changes and the development of new directions in the field of long term care services within the Province of Alberta. The Hyde Report (Alberta Nursing Home Review Panel) 1982, the amendments to the Nursing Home Act, 1985, the Mirosh Report (A New Vision For Long Term Care - Meeting The Need) 1988, the Hyndman Commission (Rainbow Report) 1989, and the establishment of a Long Term Care Division within the Department of Health have contributed significantly to these new directions. Moreover, the emphasis on independence and choices of care options for seniors are regarded as key guideposts for the future.

Within long term care facilities, the provision of resources for recreational therapy, physiotherapy and occupational therapy, delivered through multidisciplinary care models, have emerged as integral components of quality care for seniors. Members have observed that staff in long term care settings are expanding their recognition of the unique needs of an aging population, by providing positive living environments in conjunction with the delivery of personal care and physical treatment. Despite advances made in the long term care field, the Health Facilities Review Committee has observed an increasing need to address the care of seniors in the acute care hospital environment.

In the Mirosh Report, it is noted that in 1985/86, 45.6% of the health care expenditure for seniors was for acute care. In the same period, roughly 33% of the total health care expenditure in acute care was for seniors.* In some cases, hospitalizations of the elderly are considered a "social admissions". Length of stay in hospital may be prolonged in areas where waiting lists exist for long term care services - institutional and community based. While efforts must continue to develop long term care services, an ongoing impact of the elderly population on the acute care setting will continue. Thus, the care of a growing elderly population requires consideration by acute care centres.

The Health Facilities Review Committee has observed that when the elderly are hospitalized, they can experience a great deal of emotional stress and instability. A description of how the hospital setting can impact on the elderly is provided by Susan Blumenfield:

> "The older person entering the acute hospital quickly becomes enmeshed in this culture and may even suffer more because he or she is old. Stereotypical responses to older people may exacerbate the indignities. Such patients are often perceived by staff as an unrewarding drain on their limited resources. Frequently, the older person is robbed of his/her decision-making role. Personnel may treat the older person as if he or she is too old to understand, to contribute to planning for his/her care, or unable to respond to his/her surroundings. The fact that confusion can be a temporary result of illnes is often not acknowledged. Younger patients seem to engender more frequent and more interested contacts with health care personnel than older patients. Thus, the older person occupies a position of even greater disadvantages than a younger person within the acute care setting".**

Due to the increased need for health care services to an aging population, the acute care facilities will have increased responsibilities and challenges to address, in order to care for a growing elderly population.

THE HEALTH FACILITIES REVIEW COMMITTEE RECOMMENDS:

1. The development of strategies to identify and address the needs of elderly patients in acute care settings. These strategies should include the recognition of patients' physical and emotional needs, specifically identifying the recreational needs of elderly patients whose length of stay is prolonged.

2. The provision of education and training to all staff members responsible for meeting the needs of elderly patients.

* Government of Alberta, A New Vision For Long Term Care - Meeting the Need, *February, 1988, pp. 75-77.*

** Blumenfield, Susan, The Hospital Center and Aging: A Challenge for the Social Worker in Humanistic Health Care, Gerald Turner and Joseph Mapa (eds.), Health Administration Press, Ann Arbor, Michigan, 1988. *pp. 157-180.*

INTRODUCTION TO WHMIS

In a recent federal socio-economic impact analysis, it was estimated that the social costs of exposure to hazardous materials in the work place in Canada is some $600 million a year. It is further estimated that approximately one in every four Canadian workers is exposed to chemical hazards on the job. In view of this, the Alberta Health Facilities Review Committee is interested in looking into the storage and use of any hazardous products within a health facility, with particular view to patient or resident safety.

WHMIS which stands for Workplace Hazardous Material Information System is a nationwide system to provide information on hazardous materials used in the workplace. The system has been developed for a period of over ten years. Federal legislation was passed in 1987, enabling implementation of WHMIS on a nation-wide basis by October 31st 1988.

WHMIS is essentially a system of INFORMATION DELIVERY with THREE KEY ELEMENTS:

1. LABELS:

   These are required on hazardous materials and their containers in order to alert employers and employees to the dangers (of products) and basic safety precautions.

2. MATERIAL SAFETY DATA SHEETS (MSDS):

   These are technical bulletins which provide detailed hazard and precautionary information on the product.

3. EMPLOYEE EDUCATION:

   These are programs which provide instruction on hazards and training in work procedures.

CONTROLLED PRODUCTS:

These constitute materials that meet the hazard criteria according to the WHMIS classification system. Controlled products must fall into one or more of the six WHMIS hazard classes. Each class has its own designated hazard symbol, found on WHMIS supplier labels. It is the responsibility of suppliers to classify products.

LABELS:

There are two categories of labels:

1. Supplier Label:

   This label is provided as a condition of sale by the supplier of a controlled product. In most products, this appears as a label with a cross-hatched border around it.

2. Workplace Label:

   This label is provided on the product either when the product is produced in the workplace or else if the controlled product is transferred into another container in the workplace.

The hazardous materials fall into 6 categories with 8 hazard symbols as follows:

1. Compressed Gas
2. Flammable and combustible material
3. Oxidizing material
4. Poisonous and infectious material which comprise:
   a. Material with immediate toxic effects
   b. Material with other toxic effects
   c. Bio-hazardous Infectious material
5. Corrosive material
6. Dangerously reactive material

THE MATERIAL SAFETY DATA SHEET:

A Material Safety Data Sheet (MSDS) is a technical document which provides detailed and comprehensive information on a controlled product related to:

1. Health effects of over-exposure to the product.
2. Hazard evaluation related to the product's handling storage and use.
3. Measures to protect employees at risk of over-exposure.
4. Emergency procedures.

It should be stressed that the MSDS is essentially a starting point in the development of a worksite program for the safe use of controlled products. IT IS NOT A DOCUMENT INTENDED TO REPRESENT ALL THE INFORMATION NEEDED FOR THE SAFE USE OF A PRODUCT. It is often necessary to develop instruction materials and written work procedures within the facility based on the data sheets which provide direction to employees in plain language. An MSDS should not be only read and filed; it should be translated into an ACTIVE PROGRAM for employee protection.

An MSDS is to be used as follows:

1. A technical information reference.
2. A document that can be distributed to the persons with responsibilities related to its content e.g. health and safety coordinator, first aid and fire prevention personnel etc.
3. As a starting point for the implementation of control measures to protect employees.
4. As a key element of employee education.
5. As a means of easily updating a program when revisions to data sheets become available.

EMPLOYEE EDUCATION:

Education is an essential part of the WHMIS program. It includes all those activities which provide knowledge and skills to employees so that they may work safely with, or in proximity to, controlled products in the workplace.

There are three forms of education referred to in WHMIS. These are:

1. Instruction.
2. Training
3. Provision of Information

INSTRUCTION involves various methods of teaching information. TRAINING is a form of instruction in which employees are taught specific work procedures. Under WHMIS, it is the EMPLOYER'S RESPONSIBILITY TO PROVIDE EDUCATION PROGRAMS to employees by making available all hazard information received from the supplier. The supplier has no direct responsibility for the education of the employees but is required to provide updated supplier labels and material safety data sheets to the employer.

The employee has the following responsibility in the education process:

1. To learn information on controlled products which the employer is required to provide.
2. To inform the employer in any circumstance where the employee does not have adequate information on a controlled product.
3. To work with the employer in the development, implementation and review of programs of instruction when acting as a health and safety representative or as a member of a joint Health and Safety Committee.

Reference: WHMIS Resource Manual, Workers Compensation Board, Richmond, B.C.

1990 COMPLAINTS RECEIVED AND INVESTIGATED

Ninety complaints were received in 1990 in comparison with seventy two in 1989. The nature of the complaints and their status are listed below. The numbers shown under the headings, **Nature and Status** differ from the number of complaints received, as a patient/resident may submit a complaint with several components. For example, one complaint might include food, patient care and cold temperatures.

In addition, the Health Facilities Review Committee was involved in three complex investigations requested by the Minister of Health.

NOTE: It is not always possible to close a complaint file as resolved. Many complaints relate to situations which need to be monitored to make sure recommendations are followed. The Committee continues to follow up on complaints where recommendations have been made.

Total Complaints: 90

• Acute Care Hospitals (32 Complaints)

NATURE OF COMPLAINTS

Patient Care	19
Admission Time	5
Staff	4
Food	3
Physicians	1
Isolation Procedures	1
Accommodation	1
Management	1
Unsanitary Practices	1
Infection Control	1

STATUS OF COMPLAINTS

Resolved	17
Monitoring Continues	6
Unsubstantiated	3
Investigated by Facility	1
Withdrawn by Complainant	3
Facility Not In Mandate	1
Complaint Not In Mandate	2
Awaiting Formal Authorization	1
Carried Forward to 1991	3

• Auxiliary Hospitals (6 Complaints)

NATURE OF COMPLAINTS

Patient Care	6

STATUS OF COMPLAINTS

Resolved	2
Monitoring Continues	1
Unsubstantiated	1
Awaiting Formal Authorization	1
Carried Forward to 1991	1

• Nursing Homes (24 Complaints)

NATURE OF COMPLAINTS

Patient Care	13
Food	5
Staff	2
Equipment	2
Cleanliness	2
Management	1
Accommodation	1
Cost	1

STATUS OF COMPLAINTS

Resolved	16
Monitoring Continues	3
Complaint Not in Mandate	1
Unsubstantiated	2
Withdrawn by Complainant	2
Carried Forward to 1991	3

- **Mental Health Facilities** (2 Complaints)

NATURE OF COMPLAINTS

Accomodation	1
Discrimination	1

STATUS OF COMPLAINTS

Complaint Unsubstantiated	2

- **Senior Citizen's Lodges** (24 Complaints)

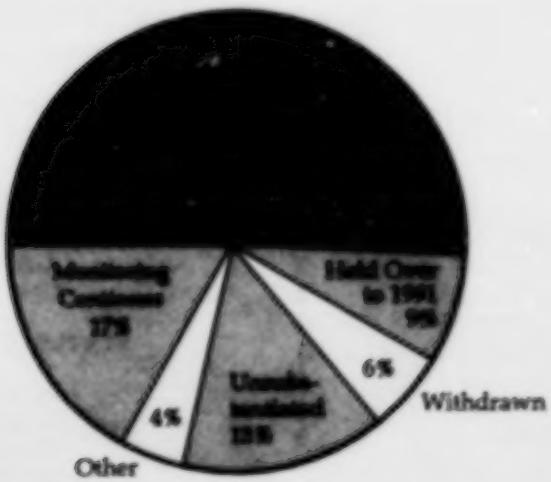
NATURE OF COMPLAINTS

Food	8
Staff	4
Resident Care	4
Dismissal	3
Management	2
Cost	2
Accomodation	2
Eviction	1
Loss of Possessions	1

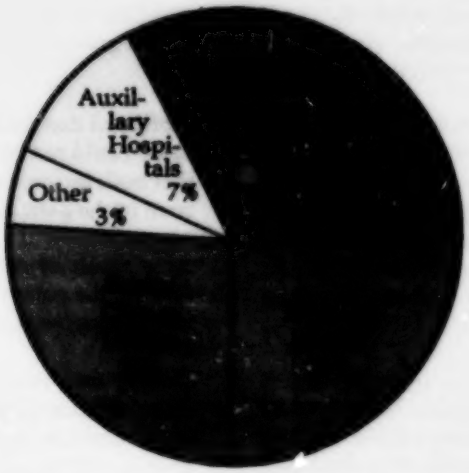
STATUS OF COMPLAINTS

Resolved	11
Monitoring Continues	5
Unsubstantiated	4
Facility Not in Mandate	2
Complaint Not In Mandate	4
Carried Forward to 1991	1

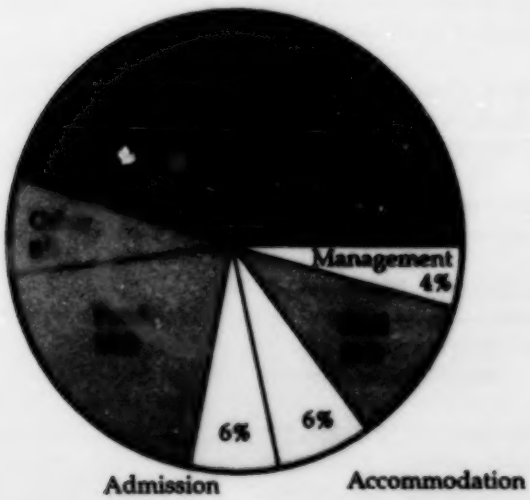
Status of Complaints



Sources of Complaints



Nature of Complaints



CASE HISTORY I

Serious complaints were received from the parents of a young patient in an active treatment hospital. These complaints included:

Bedsores and skin rashes
External drain clamped off
Siderail dropped on leg
Infections and allergies
Lack of cleanliness

Investigating members interviewed the parents, administration of the facility, members of the nursing staff and the physician. Medical records were reviewed and the patient was observed.

The rashes and irritations were attributed to extreme diaphoresis (sweating) which sometimes occurs after chemotherapy treatment. On the day of the investigation, the patient's skin was in good condition.

Regarding the external drain being clamped off and the siderail being dropped on the patient's leg, it was confirmed that these incidents had occurred. The actual cause could not be determined. It was noted however, that both incidents were discovered after visitors had been in the patient's room.

As a result of chemotherapy affecting the immune system, the patient had experienced infections. These were being treated with antibiotics.

During members' visit, the patient was dressed in clean clothing, was playing with toys and appeared well cared for. No unsanitary conditions were noted.

CONCLUSIONS:

In the opinion of the Health Facilities Review Committee, none of the above unfortunate incidents could be attributed to neglect.

The hospital had made conscientious efforts to provide comprehensive, high quality care in order to meet the needs of the patient and family members.

CASE HISTORY II

The Health Facilities Review Committee received fourteen written complaints from families of residents, employees and former employees of a nursing home. The complaints included:

Lack of dietary cleanliness
Nepotism
Poor building maintenance
Insensitivity towards staff, residents and families by Administration
Inadequate supplies for resident's needs
Staff shortage
Improper handling of residents' aggressive behavior

The Committee carried out a thorough investigation at the nursing home for verification of all the complaints. Interviews were conducted with seventy-five people including the complainants, management, staff on two shifts, former employees, families of residents, physicians and members of the community.

Investigating members noted that during the visit, extensive physical renovations were being carried out to the facility. The stress associated with the upheaval was found to be the basis of some of the complaints.

The following discussion and conclusions focus specifically on the concerns that were impacted by construction which was then in progress.

Nursing care provided appeared satisfactory in spite of staff working under adverse conditions.

Temperature control was affected throughout the facility. In the kitchen and central dining room, temperature was noted to be in the mid ninety degrees. Temperature in residents' rooms was also found to be uncomfortably high.

Shortage of space and crowded conditions had affected resident and staff comfort, safety and morale. Residents' rooms were extremely crowded. Staff did not appear to have adequate private space. Due to the crowded conditions, residents experienced an increase in the number of bronchial and eye infections. Frustration among residents lead to verbal abuse and striking out. In addition, some residents had difficulty sleeping in the crowded, uncomfortable environment.

Food preparation and dietary services were affected by the renovations. Atmosphere in the dining room was particularly unsatisfactory due to windows being boarded up while construction was in progress.

CONCLUSIONS

The Health Facilities Review Committee made recommendations based on the comprehensive review that was done. These recommendations addressed all areas of concern brought to the attention of the Committee.

It was apparent that the work stages of construction had not been planned and coordinated effectively. This resulted in an upheaval which adversely affected the residents and staff. Immediate improvements were necessary:

In order to facilitate construction and to ensure resident and staff safety, comfort and morale, the following recommendations were made:

1. Improvements were to be made in air circulation and temperature control by immediate installation of electric fans and repair of the air conditioning unit.

2. New admissions were not to be accepted before the completion of the construction program.

3. Steps were to be initiated to provide improved coordination of construction work, in order to minimize overcrowding.

4. Aesthetics of the dining room were to be improved during the construction period.

5. Improved communication was to be established between administration, staff, residents and families regarding the progress of construction and its anticipated impact.

The facility was requested to inform the committee regarding actions taken with respect to all the recommendations.

APPENDIX I

MEETINGS HELD WITH:

Hon. Nancy Betkowski, Minister of Health

Ms. Vivien Lai, Director, Long Term Care Services Unit

Mr. Harley Johnson, Alberta Ombudsman

Dr. Mervyn Hislop, Mental Health Advocate

Mr. Bill Beach, Consultant - AADAC Community Education Services

APPENDIX II

CONFERENCES AND CONVENTIONS ATTENDED:

People and Progress, Hospital District 24

Choices - Long Term Care in the 90's

Baba & Dido "Who Cares"

Alberta Hospital Association, Rural Hospitals Conference

Alberta Hospital Association Convention 1990

Senior Citizens Homes Association Convention

APPENDIX III

There are a total of 388 health care facilites and Senior Citizens' lodges throughout Alberta.

In 1990, the Health Facilities Review Committee routinely reviewed operations at 212 facilities. This is an increase from 1989 when 195 facilities were reviewed. Of the following facilities, 67 Acute Care Hospitals, 65 Long Term Care facilities, 77 Senior Citizens' Lodges and 3 Psychogeriatric Care Centres were reviewed. Investigations into complaints have been shown separately.

HOSPITALS

ATHABASCA, Athabasca Municipal
BANFF, Mineral Springs
BARRHEAD, Barrhead General
BASHAW, Bashaw General
BASSANO, Bassano General
BEAVERLODGE, Beaverlodge Municipal
BENTLEY, Bentley General
BLACK DIAMOND, Oilfields General
BLAIRMORE, Crowsnest Pass General
BONNYVILLE, Health Centre
BOW ISLAND, Bow Island Health Care Centre
BOYLE, Boyle General
BRETON, Breton General
BROOKS, Brooks Health Centre
CALGARY, Alberta Children's Provincial General
CALGARY, Calgary General
CALGARY, Colonel Belcher
CALGARY, Foothills Provincial General
CALGARY, Holy Cross
CALGARY, Peter Lougheed Hospital
CALGARY, Rockyview General
CALGARY, Salvation Army Grace
CALGARY, Tom Baker Cancer Centre
CAMROSE, St. Mary's
CANMORE, Canmore Municipal
CARDSTON, Cardston Municipal
CASTOR, Our Lady of the Rosary
CEREAL, Cereal Municipal
CLARESHOLM, Claresholm General
COALDALE, Coaldale Community
COLD LAKE, Cold Lake Regional
CONSORT, Consort Municipal
CORONATION, Coronation Municipal
DAYSLAND, Dayland General
DESMARIAS, St. Martin's Health Centre
DEVON, Devon General
DIDSBURY, Mountain View Health Care Centre
DRAYTON VALLEY, Health Care Complex
DRUMHELLER, Drumheller Regional Health Complex
ECKVILLE, Eckville Municipal
EDMONTON, Alberta Hospital
EDMONTON, Charles Camsell
EDMONTON, Edmonton General
EDMONTON, Glenrose Provincial General
EDMONTON, Grey Nuns Hospital
EDMONTON, Misericordia
EDMONTON, Royal Alexandra
EDMONTON, Walter C. MacKenzie
EDMONTON, W.W. Cross Cancer Institute
EDSON, St. John's Health Care Complex
ELKPOINT, Elk Point Municipal
ELNORA, Elnora General
EMPRESS, Empress Municipal
FAIRVIEW, Fairview General
FORT MACLEOD, Health Care Centre
FORT MCMURRAY, Fort McMurray Regional
FORT SASKATCHEWAN, Fort Saskatchewan General
FORT VERMILION, St. Theresa General
FOX CREEK, Fox Creek
GALAHAD, Galahad General
GLENDON, Glendon Municipal
GRAND CACHE, Grande Cache General
GRAND PRAIRIE, Queen Elizabeth II
GRIMSHAW, Grimshaw / Berwyn & District
HANNA, Hanna General
HARDISTY, Hardisty General
HIGH LEVEL, High Level Community Health Centre
HIGH PRAIRIE, High Prairie Regional Health Complex
HIGH RIVER, High River General
HINTON, Hinton General
HYTHE, Hythe Municipal
INNISFAIL, Innisfail Health Care Centre
ISLAY, Islay Municipal
JASPER, Selon General
KILLAM, Killam General
LAC LA BICHE, William Cadzow General Hospital
LACOMBE, Lacombe General
LAMONT, Archer Memorial
LEDUC, Leduc General
LETHBRIDGE, Lehtbridge Regional
LETHBRIDGE, St. Michael's General
MAGRATH, Magrath Municipal

MANNING, Manning Municipal
MANVILLE, Manville Municipal
MAYERTHORPE, Mayorthorpe General
MCLENNAN, Sacred Heart
MEDICINE HAT, Medicine Hat and District (General Centre)
MILK RIVER, Border Counties General
MUNDARE, Mary Immaculate General
MYRNAM, Myrnam Municipal
OLDS, Olds Municipal
OYEN, Big Country General
PEACE RIVER, Peace River Municipal
PICTURE BUTTE, Picture Butte Municipal
PINCHER CREEK, Pincher Creek Health Care Centre
PONOKA, Alberta Hospital
PONOKA, Ponoka General
PROVOST, Provost Municipal (Health Care Centre)
RAYMOND, Raymond Municipal
RED DEER, Red Deer Regional
REDWATER, Thorhild County General
RIMBEY, Rimbey General
ROCKY MOUNTAIN HOUSE, Rocky Mountain House General
SLAVE LAKE, Slave Lake General
SMOKY LAKE, George McDougall Memorial
SPIRIT RIVER, Central Peace General
STETTLER, Stettler General
STONY PLAIN, Stony Plain Municipal
STRATHMORE, Valley General Hospital
ST. ALBERT, Sturgeon General
ST. PAUL, St. Therese General
SUNDRE, Sundre General
SWAN HILLS, General
TABER, Taber Health Care Complex
THREE HILLS, Three Hills Health Care Complex
TOFIELD, Tofield Health Centre
TROCHU, St. Mary's Health Care Centre
TWO HILLS, Two Hills Health Care Centre
VALLEYVIEW, Valleyview Health Centre
VEGREVILLE, St. Joseph's General
VERMILION, Vermilion Health Care Complex
VIKING, Viking General
VILNA, our Lady's General
VULCAN, Vulcan General
WAINWRIGTH, Wainwright & Dist. Health Care Complex
WESTLOCK, Immaculata General
WETASKIWIN, Wetaskiwin General
WHITECOURT, Whitecourt General
WILLINGDON, Mary Immaculate General

AUXILIARY HOSPITALS

ATHABASCA, Athabasca
BARRHEAD, Dr. W.R. Keir Care Centre
BLACK DIAMOND, Oilfields Aux.
BOW ISLAND, Bow Island
BROOKS, Brooks
CALGARY, Bethany
CALGARY, Colonel Belcher
CALGARY, Crossbow
CALGARY, Dr. Vernon Fanning Extended Care
CALGARY, Foothills
CALGARY, Glenmore Park
CALGARY, Sarcee
CAMROSE, Bethany
CANMORE, Auxiliary
CARMANGAY, Little Bow Municipal
CARDSTON, Cardston
CLARESHOLM, Willow Creek - Claresholm
COLD LAKE, Regional
CORONATION, Paintearth
DISBURY, Mountain View Health Care Centre
DRAYTON VALLEY
DRUMHELLER, Regional Health Complex
EDMONTON, Allen Gray
EDMONTON, Dickinsfield Extended Care Centre
EDMONTON, Good Samaritan
EDMONTON, Grandview
EDMONTON, Lynnwood
EDMONTON, Mewburn Veterans Centre
EDMONTON, Millwoods Shepherd's Care Centre
EDMONTON, Norwood
EDMONTON, St. Joseph's
EDMONTON, St. Michael's
EDMONTON, University of Alberta. (Aberhart Pavilion)
EDMONTON, Youville Geriatric Services
GRAND PRAIRIE, Queen Elizabeth II
HIGH RIVER, High River
INNISFAIL, Innisfail Health Care Centre (Aux.)
ISLAY, Islay
KILLAM, Flagstaff
LAC LA BICHE, Lac La Biche (William Cadzow)
LACOMBE, Lacombe
LAMONT, Archer Memorial
LAMONT, Lamont
LETHBRIDGE, Lehtbridge Regional (Rehab. Centre)
LLYODMINISTER, Lloydminster Auxiliary
MANNVILLE, Municipal
MEDICINE HAT, Medicine Hat & District (Dr. McCharles)
MUNDARE, Mundare
OLDS, Auxiliary
OYEN, Big Country
PEACE RIVER, Peace River / Fairview
PINCHER CREEK, Pincher Creek
RADWAY, Radway Health Care Centre
RED DEER, Dr. Richard Parsons
RIMBEY, Rimbey
ROCKY MOUNTIAN HOUSE, Rocky Mountain House
SMOKY LAKE
STETTLER, Dr. A.E. Kennedy
TABER
THREE HILLS
TOFIELD, Municipal
TROCHU, St. Mary's
TWO HILLS, Health Care Complex
VEGREVILLE, (Minburn - Eagle)
VERMILLION, Health Care Complex
WAINWRIGHT, Wainwright & Distrcit Health Centre
WESTLOCK, Thorhild - Westlock
WETASKIWIN, Wetaskiwin
WHITELAW, Hotel Dieu de St. Joseph

NURSING HOMES

AIRDRIE, Bethany Care Centre
ATHABASCA, Extendicare
BARRHEAD, Barrhead
BLAIRMORE, Crowsnest Pass
BONNYVILLE, Extendicare
BROOKS, Newell Health Centre
CALGARY, Bethany Care Centre
CALGARY, Beverly
CALGARY, Bow-Crest
CALGARY, Bow View
CALGARY, Brentwood
CALGARY, Cedars Villa
CALGARY, Central Park Lodge
CALGARY, Chinook
CALGARY, Extendicare
CALGARY, Forest Grove Care Centre
CALGARY, George Boyack
CALGARY, Glamorgan
CALGARY, Mayfair
CALGARY, Sarcee
CALGARY, Scottish
CALGARY, Southwood
CAMROSE, Bethany
CARDSTON, Grandview
COCHRANE, Bethany Care Centre
CORONATION, Coronation-Paintearth
DIDSBURY, Mountain View Health Care Centre
DRAYTON VALLEY
DRUMHELLER, Regional Health Complex
EDMONTON, Central Park Lodge
EDMONTON, Dickinsfield Extended Care Centre
EDMONTON, Norwood
EDMONTON, Extendicare North
EDMONTON, Extendicare Southgate
EDMONTON, Good Samaritan Mount Pleasant
EDMONTON, Good Samaritan Southgate
EDMONTON. Hardisty
EDMONTON, Jasper Place Central Park Lodge
EDMONTON, Jubilee Lodge
EDMONTON, Millwoods Shepherds Care Centre
EDMONTON, Roger Parker Pavilion
EDMONTON, St. Michael's
EDMONTON, Venta
EDSON, Edson
FAIRVIEW, Fairview
FORT MACLEOD, Extendicare
FORT SASKATCHEWAN, Rivercrest Lodge
GRAND PRAIRIE, Central Park Lodge
GRANDE PRAIRIE, Queen Elizabeth II
HANNA, Palliser
HIGH PRAIRIE, J.B. Wood
HIGH RIVER, High River
HYTHE, Hythe
LACOMBE, Lacombe
LAMONT, Lamont
LEDUC, Extendicare
LEDUC, Salem Manor
LETHBRIDGE, Edith Cavell
LETHBRIDGE, Extendicare
LETHBRIDGE, Southland
LINDEN, Linden
LLOYDMINISTER, Dr. Cooke
MAYERTHORPE, Extendicare
MCLENNAN, Our Lady of the Lake
MEDICINE HAT, Central Park Lodge
MEDICINE HAT, Sunnyside
MIDNAPORE, Father Lacombe
OLDS, Olds Nursing Home
PEACE RIVER, Sutherland
PONOKA, Northcott Lodge
PROVOST, Provost Municipal Health Care Centre
RED DEER, Red Deer
RED DEER, Valley Park Manor
RED DEER, West Park
ST. ALBERT, Youville
ST. PAUL, Extendicare
SHERWOOD PARK, Sherwood Park
SMOKY LAKE, Smoky Lake
STETTLER, Stetler
STONY PLAIN, Good Samaritan
STRATHMORE, Nursing Home
TABER, Nursing Home
TOFIELD, Health Centre
TROCHU, St. Mary's
TWO HILLS, Health Care Centre
VEGREVILLE, Vegreville
VERMILLION, Alice Keith Centre
VIKING, Extendicare
VULCAN, Extendicare
WESTLOCK, Westlock
WETASKIWIN, Wetaskiwin

SENIOR CITIZENS' LODGES

ANDREW - Andrew Senior Citizens' Lodge
ATHABASCA - Pleasant Valley Lodge
BARRHEAD - Hillcrest Senior Citizens' Lodge
BASHAW - Bashaw Valley Lodge
BASSANO - Playfair Lodge
BERWYN - Autumn Lodge
BLACK DIAMOND - High Country Lodge
BLAIRMORE - York Creek Lodge
BONNYVILLE - Bonny Lodge
BOW ISLAND - Pleasant View Lodge
BOYLE - Wild Rose Villa
BROOKS - Newbrook Lodge
CALGARY - Beaver Dam Lodge #1200
CALGARY - Bow Valley Lodge #100
CALGARY - Bow Valley Lodge #200
CALGARY - Bow Valley Lodge #300
CALGARY - Bow Valley Lodge #1100
CALGARY - Confederation Park #1000
CALGARY - Elbow Valley Lodge #700
CALGARY - Elbow Valley Lodge #800
CALGARY - Jacques Lodge #400
CALGARY - Jacques Lodge #500
CALGARY - Jacques Lodge #600
CALGARY - James Shouldice Lodge #1300
CALGARY - Rundle Lodge #900
CALGARY - Valleyview Lodge #1400
CAMROSE - Stony Creek Lodge
CANMORE - Bow River Lodge
CARDSTON - Chinook Lodge
CASTOR - Paintearth Lodge
CLARESHOLM - Porcupine Hills Lodge
COALDALE - Sunny South Lodge
COCHRANE - Big Hill Lodge
COLD LAKE - Cold Lake Senior Citizens' Lodge
CONSORT - Consort Senior Citizens' Lodge
CROSSFIELD - Rocky View Lodge
DRAYTON VALLEY - Shangri - La Lodge
DRUMHELLER - Sunshine Lodge
ECKVILLE - Eckville Manor House
EDMONTON - Belvedere Lodge
EDMONTON - Bethany Lodge
EDMONTON - Beverly Lodge
EDMONTON - Elmwood Lodge
EDMONTON - Kiwanis Place Lodge
EDMONTON - McCauley Lodge
EDMONTON - McQueen Lodge
EDMONTON - Meadowlark Lodge
EDMONTON - Northway Lodge
EDMONTON - Ottewell Lodge
EDMONTON - PleasantView Place Lodge
EDMONTON - Queen Alexandra Lodge
EDMONTON - Rosslyn Lodge
EDMONTON - Virginia Park Lodge
EDSON - Parkland Senior Citizens' Lodge
ELK POINT - Heritage Lodge
EVANSBURG - Sunshine Lodge
FALHER - Villa Beausejour
FORESTBURG - Big Knife Comple Lodge
FORT CHIPEWYAN - Ayabashaw House
FORT MACLEOD - Pioneer Lodge
FORT SASKATCHEWAN - Dr. Turner Lodge
GIBBONS - Spruce View Manor
GRANDE PRAIRIE - Heritage Lodge
GRANDE PRAIRIE - Pioneer Lodge
GRANDE PRAIRIE - Wild Rose Manor
HANNA - Hanna Lodge
HIGH PRAIRIE - Pleasant View Lodge
HIGH RIVER - Medicine Tree Lodge
HINES CREEK - Homesteader Lodge
HOLDEN - Holden Lodge
HYTHE - Hythe Pioneer Home
INNISFAIL - Autumn Glen Lodge
LAC LA BICHE - Lacalta Lodge
LACOMBE - Lacombe Lodge
LAMONT - Beaverhill Pioneer Lodge
LEDUC - Planeview Lodge
LEGAL - Chateau Sturgeon Lodge
LETHBRIDGE - Alberta Rose Lodge
LETHBRIDGE - Blue Sky Lodge
LETHBRIDGE - Golden Acres Lodge
LETHBRIDGE - Green Acres Lodge
LETHBRIDGE - Heritage Lodge
LLOYDMINSTER - Pioneer Lodge
MAGRATH - Diamond Willow Terrace Lodge
MANNING - Del - Air Lodge
MAYERTHORPE - Pleasant View Lodge
MEDICINE HAT - Cypress View Lodge
MEDICINE HAT - Teeoda Lodge
MEDICINE HAT - Wild Rose Senior Citizens' Lodge
MILK RIVER - Prairie Rose Lodge
MORINVILLE - Heritage Place Lodge
MUNDARE - Father Filas Senior Citizens' Lodge
MYRNAM - Eagle View Lodge
NANTON - Silver Willow Lodge
OLDS - Mountainview Lodge
OYEN - Prairie Home Lodge
PEACE RIVER - Heritage Tower
PICTURE BUTTE - Pyami Lodge

PEACE RIVER - Heritage Tower
PICTURE BUTTE - Pioneer Lodge
PINCHER CREEK - Crest View Lodge
PONOKA - Golden Leisure Lodge
PROVOST - Hillcrest Lodge
RAYMOND - Ridgeview Lodge
RED DEER - Parkvale Lodge
RED DEER - Pines Lodge
RED DEER - Piper Creek Lodge
REDWATER - Redwater Diamond Spring Lodge
RIMBEY - Parkland Manor
ROCKY MOUNTAIN HOUSE - Westview Lodge
SEDGEWICK - Flagstaff Lodge
SHERWOOD PARK - Sherwood Park Lodge
SMOKY LAKE - Bar - V - Nook Manor
SPIRIT RIVER -Pleasant View Lodge
ST. ALBERT - Chateau Mission Court
ST. PAUL - Sunnyside Manor
STETTLER - Heart Haven Home
SUNDRE - Foothills Retreat Lodge
STONY PLAIN - Meridian Lodge
STRATHMORE - Wheatland Lodge
SYLVAN LAKE - Sylvan Lake Lodge
TABER - Clearview Lodge
THORHILD - Thorhild Lodge
THREE HILLS - Golden Hills Lodge
TOFIELD - Tofield Lodge
TWO HILLS - Hillside Senior Citizens' Lodge
VALLEYVIEW - Red Willow Lodge
VEGREVILLE - The Homestead
VERMILLION - Vermillion Valley
VIKING - Vialta Lodge
VILNA - Vilna Lodge
VULCAN - Peter Dawson Lodge
WAINWRIGHT - Battle River Lodge
WARBURG - Clover Leaf Manor
WESTLOCK - Pembina Lodge
WESTLOCK - Smithfield Lodge
WETASKIWIN - Peace Hills Lodge
WILLINGDON - Eagle Hill Manor
WINFIELD - West Pine Lodge

MENTAL HEALTH HOSPITALS

EDMONTON, Alberta Hospital
PONOKA, Alberta Hospital

PSYCHOGERIATRIC CARE CENTRES

CAMROSE, Rosehaven
CLARESHOLM, Claresholm Care Centre
RAYMOND, Raymond Care Centre

APPENDIX IV

GOVERNMENT OF THE PROVINCE OF ALBERTA

HEALTH FACILITIES REVIEW COMMITTEE ACT

Revised Statutes of Alberta 1980, Chapter H-4
as amended to January 9, 1984

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HEALTH FACILITIES REVIEW COMMITTEE ACT

CHAPTER H-4

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HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) "Committee" means the Alberta Health Facilities Review Committee and includes a sub-committee established under section 3;

(b) "hospital" means

(i) an approved hospital under Hospitals Act,

(ii) any other hospital, institution or other facility for the treatment and care of persons that is owned and operated by the Government of Alberta, except those operated under the administration of the Minister of Social /Services and Community Health or those that receive their current operating funds or part of them from a supply vote that is under the administration of a member of the Executive Council other than the Minister of Hospitals and Medical Care,

(ii.1) a mental health hospital under the Mental Health Act,

(iii) a contract nursing home as defined in the Nursing Homes Act, or

(iv) a home or unit operated under the Senior Citizens Housing Act;

(c) "Minister" means the Minister of Hospitals and Medical Care;

(d) "patient", with reference to a home or unit operated under the Senior Citizens Housing Act, means a person who resides in that home or unit.

RSA 1980 cH-4 s1; 1981 c72 s10

Committee established

2(1) There is hereby established a committee called the "Alberta Health Facilities Review Committee" consisting of not more than 12 members appointed by the Minister.

(2) The members of the Committee may include members of the Legislative Assembly who are not members of the Executive Council.

(3) An order appointing a member of the Committee may provide for his term of office but in the absence of such a provision, the term of office of a member is one year from the effective date of his appointment and thereafter until his successor is appointed.

(4) The Minister shall designate one of the members of the Committee as chairman and another as a vice-chairman and, unless the order otherwise provides, the term of office of a chairman and, unless the order otherwise provides, the term of office of a chairman or vice-chairman so designated is one year from the effective date of the designation and until their respective successors are thereafter designated.

(5) The vice-chairman is the acting chairman of the Committee in the event of the absence or inability to act of the chairman or a vacancy in the office of chairman.

RSA 1980 cH-4; s2 1983 c81 s4

Sub-committees

3(1) The Committee may

(a) establish one or more sub-committees to perform those duties and functions and exercise those powers of the Committee prescribed by the Committee, and

(b) appoint as members of a sub-committee not less than 3 members of the Committee.

(2) When a sub-committee is established, the Committee shall designate a member of a sub-committee to preside over the sub-committee.

(3) A member of the Committee may be appointed to more than one sub-committee.

(4) A majority of the members appointed to a sub-committee constitute a quorum of the sub-committee.

(5) A decision or other action made or taken by a sub-committee at which its quorum is present is the decision or action of the Committee and binds all members of the Committee.

(6) Two or more sub-committees may act simultaneously.

(7) If a sub-committee is performing a duty or function or exercising its powers and one or more

members of the sub-committee are absent during a portion of the time that the sub-committee is performing a duty or function or exercising a power, the remaining members of the sub-committee that are present may, if they constitute a quorum of the sub-committe, perform the duty or function and exercise the power of the sub-committee.

(8) Notwithstanding that a sub-committee is established under this section, the Committee may also perform any duty or function or exercise any power that it prescribed the sub-committee to perform or exercise.

RSA 1980 cH-4 s3

Remuneration and expenses

4 The Minister

(a) may prescribe the rates of remuneration payable to members of the Committee other than those who are employees of the Government or members or employees of an agency of the Government, and

(b) may authorize the payment of travelling and living expenses for members of the Committee while outside their normal place of residence in the course of performing their duties.

RSA 1980 cH-4 s4; 1983 c81 s4

Staff

5(1) The Minister may appoint an employee of the Government under his administration as the Executive Director of the Committee who shall under the direction of the chairman of the Committee assist the Committee in carrying out its duties and functions and exercising its powers.

(2) The Minister shall provide to the Committee the services of employees of the Government under his administration and supplies for the purpose of carrying out secretarial, clerical and related work that the Committee may reasonably require to enable it to carry out its duties and functions and exercise its powers.

RSA 1980 cH-4 s5

Meetings

6 The Committee may, with the approval of the Minister, make rules governing the calling of its meetings , the quorum required at its meetings, the procedure at its meetings, and any other matter relating to the conduct of its business and affairs.

RSA 1980 cH-4 s6; 1983 c81 s4

Visiting hospital

7(1) The Committee shall from time to time visit all hospitals for the purpose of reviewing and inspecting them and the manner in which they are operated.

(2) The Minister may from time to time request the Committee to conduct a visit to a hospital for the purposes of reporting to the Minister on any matter that the Minister specifies in his request.

RSA 1980 cH-4 s7

Investigation of hospital

8 If a complaint is made to the Committee by or on behalf of a patient in a hospital, the Committee shall investigate the care and treatment and the standards of accommodation received by that patient or any other patient in the hospital.

RSA 1980 cH-4 s8

Entry of hospital

9 For the purpose of carrying out a visit or an investigation under this Act the Committee may enter a hospital at any reasonable hour.

Inspection of hospital records

10 (1) The Committee, with respect to a visit or an investigation under this Act, is entitled to access to the records of the hospital for the purpose of inspecting them, making copies of them or taking extracts from them.

(2) Subsection (1) does not apply to

(a) the financial records of the hospital that relate to the operation of the hospital, or

(b) the medical and clinical records of a patient unless the patient or his guardian gives his consent to those records being inspected.

RSA 1980 cH-4 s10

Exemption

11 Nothing in this Act shall be construed as empowering the Committee or other person acting under this Act to inquire into the financial affairs of the hospital that relate to the operation of the hospital.

RSA 1980 cH-4 s11

Persons acting on behalf of of Committee

12(1) The Committee may authorize

(a) a member of the Committee to carry out a visit or investigation on behalf of the Committee or

(b) subject to the approval of the Minister, an employee of the Government under the Minister's administration to carry out a specific inquiry on behalf of the Committee in respect of a visit or investigation.

(2) When a member of the Committee or other person has carried out a visit, investigation or specific inquiry on behalf of the Committee, that member or person shall report his findings to the Committee.

RSA 1980 cH-4 s12

Complaint officer

13(1) The Committee may designate

(a) a member of the Committee, or

(b) with the approval of the Minister, an employee of the Government who is under the administration of the Minister.

as a complaint officer.

(2) The complaint officer shall on behalf of the Committee

(a) make preliminary inquiries, or

(b) if directed to do so by the chairman of the Commitee, make investigations into complaints received under section 8 and report the results of the inquiry or investigation to the Committee.

(3) Members of the Committee at the request of the chairman of the Committee may assist the complaint officer in the carrying out of his duties.

RSA 1980 cH-4 s13

Powers of Committee members

14 A member of the Committee or an employee of the Government carrying out a visit, investigation or other matter on behalf of the Committee has the same powers that the Committee would have if it were carrying out the visit, investigation or other matter.

RSA 1980 cH-4 s14

Court order

15(1) If the Committee, a member of the Committee or an employee of the Government acting on behalf of the Committee is refused entry to a hospital for the purposes of conducting a visit or an investigation, the chairman of the Committee or a person designated by him may apply to the Court of Queen's Bench by originating notice for an order permitting the Committee, member or employee to

(a) enter the hospital at any reasonable hour and conduct the visit or investigation, and

(b) require the production of any records of the hospital, other than those referred to in section 10(2).

(2) An application under subsection (1) may be made ex parte, if the Court considers it proper to do so in the circumstances..

RSA 1980 cH-4 s15

Annual Report

16 (1) As soon as possible after the end of each year, the Committee shall prepare and submit to the Minister a report summarizing its activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then in session, and if not, within 15 days after the commencement of the next ensuing session.

RSA 1980 cH-4 s16

Act binds Crown

17 This Act binds the Crown.

RSA 1980 cH-4 s17